

House File 632

H-1241

1 Amend House File 632 as follows:

2 1. Page 5, after line 31 by inserting:

3 <Sec. ____ . NEW SECTION. 505.33 Telehealth —
4 standards.

5 1. As used in this section:

6 a. "*Distant site*" means the site at which a health
7 care professional delivering the service is located at
8 the time the telehealth service is provided.

9 b. "*Health care professional*" means a person who
10 is licensed, certified, or otherwise authorized or
11 permitted by the law of this state to administer health
12 care in the ordinary course of business or in the
13 practice of a profession, or in an approved education
14 or training program, as long as the person is operating
15 within the person's professional scope of practice.

16 c. "*Remote patient monitoring*" means using
17 telehealth to enable the health care professional to
18 monitor and manage a patient's medical, functional, and
19 environmental needs if such needs can be appropriately
20 met through telehealth intervention.

21 d. "*Store-and-forward telehealth*" means the use of
22 asynchronous communications between a patient and a
23 health care professional or between a referring health
24 care professional and a medical specialist at a distant
25 site, supported by telecommunications technology for
26 the purpose of diagnosis, consultation, treatment, or
27 therapeutic assistance in the care of the patient,
28 including the transferring of medical data from one
29 site to another through the use of a camera or similar
30 device that records or stores an image that is sent or
31 forwarded via telecommunications to another site for
32 consultation.

33 e. "*Telehealth*" means the use of real-time,
34 interactive audio or video telecommunications or
35 electronic technology, remote patient monitoring,
36 or store-and-forward telehealth by a health care
37 professional to deliver health care services to a
38 patient within the scope of practice of the health
39 care professional, for the purposes of diagnosis,
40 consultation, treatment, transfer of medical data,
41 or exchange of medical education information.

42 "*Telehealth*" does not include an audio-only telephone
43 call, electronic mail message, or facsimile
44 transmission.

45 2. The commissioner of insurance shall develop, by
46 rule, coverage standards for a contract, policy, or
47 plan providing for third-party payment or prepayment
48 for health, medical, or surgical coverage benefits
49 that elects to provide coverage for services provided
50 as telehealth. The coverage standards for telehealth

1 shall reflect generally accepted health care practices
2 and standards, as well as medical care management
3 requirements applicable to in-person services.

4 3. In developing the coverage standards, the
5 commissioner of insurance shall consult with applicable
6 boards and regulatory authorities that exercise
7 regulatory or rulemaking authority over an affected
8 health care professional to ensure all of the
9 following:

10 a. A health care professional, as appropriate to
11 the scope of practice of the profession, may employ
12 the technology of telehealth by applying telehealth
13 within the professional's scope of practice or by
14 using telehealth technology under the direction and
15 supervision of another health care professional who
16 is using telehealth technology within the supervising
17 professional's scope of practice. A health care
18 professional's employment of telehealth acting under
19 the direction and supervision of another health care
20 professional who is using telehealth within that
21 health care professional's scope of practice shall
22 not be interpreted as practicing the supervising
23 professional's health care profession without a license
24 or appropriate authorization. However, any health care
25 professional employing telehealth must hold a current
26 valid license or appropriate authorization to practice
27 the respective profession in the state and be trained,
28 educated, and knowledgeable regarding the health care
29 service provided and technology used and shall not
30 perform duties for which the professional does not have
31 sufficient training, education, and knowledge. Failure
32 to have sufficient training, education, and knowledge
33 is grounds for disciplinary action by the respective
34 board or regulatory authority.

35 b. The applicable board or regulatory authority
36 that exercises regulatory or rulemaking authority
37 over an affected profession under this section, or
38 the department of public health in the absence of an
39 applicable board or regulatory authority, adopts rules
40 to administer this section.

41 c. The standard of care for a professional using
42 telehealth to provide health care services to a patient
43 shall be the same as the standard of care required of
44 that professional for the provision of in-person health
45 care services to a patient.

46 d. The type of setting where telehealth is provided
47 for the patient or by the health care professional
48 shall not be limited if the delivery of health care
49 services is appropriately provided through telehealth.

50 e. This section shall not be construed to conflict

1 with or supersede provisions otherwise applicable
2 to the licensure or regulation of health care
3 professionals.

4 *f.* This section shall not be construed to alter
5 the scope of practice of any health care professional,
6 authorize the delivery of health care services in a
7 setting or manner not otherwise authorized by law, or
8 limit a patient's right to choose in-person contact
9 with a health care professional for the delivery of
10 health care services for which telehealth is available.

11 *g.* If a health care professional provides services
12 pursuant to and in compliance with section 135.24
13 via telehealth in accordance with this section, the
14 provisions of section 135.24 including those relating
15 to immunity from civil liability shall apply to such
16 health care professional.

17 4. The rules shall specify that if coverage for
18 telehealth is provided, all of the following shall
19 apply:

20 *a.* The rules shall not be interpreted as preventing
21 a third-party payment provider from imposing
22 deductibles or copayment or coinsurance requirements
23 for a health care service provided through telehealth
24 if the deductible, copayment, or coinsurance does
25 not exceed the deductible, copayment, or coinsurance
26 applicable to in-person consultation for the same
27 health care service. A third-party payment provider
28 shall not impose annual or lifetime maximums on
29 coverage of telehealth unless the annual or lifetime
30 maximum applies in the aggregate to all items and
31 services under the contract, policy, or plan.

32 *b.* The rules shall not be interpreted to require a
33 third-party payment provider to provide reimbursement
34 for a health care service that is not a covered benefit
35 or to reimburse a health care professional who is not a
36 covered provider under the contract, policy, or plan.

37 *c.* The rules shall not be interpreted to preclude
38 a third-party payment provider from performing
39 utilization review to determine the appropriateness of
40 telehealth in the delivery of health care services if
41 the determination is made in the same manner as those
42 regarding the same health care service when delivered
43 in person.

44 *d.* The rules shall not be interpreted to authorize
45 a third-party payment provider to require the use of
46 telehealth when the health care professional determines
47 use of telehealth is not appropriate.

48 *e.* The rules shall apply to all of the following
49 classes of third-party payment provider contracts,
50 policies, or plans delivered, issued for delivery,

1 continued, or renewed in this state on or after January
2 1, 2016:

3 (1) Individual or group accident and sickness
4 insurance providing coverage on an expense-incurred
5 basis.

6 (2) An individual or group hospital or medical
7 service contract issued pursuant to chapter 509, 514,
8 or 514A.

9 (3) An individual or group health maintenance
10 organization contract regulated under chapter 514B.

11 (4) An individual or group Medicare supplemental
12 policy, unless coverage pursuant to such policy is
13 preempted by federal law.

14 (5) A plan established pursuant to chapter 509A for
15 public employees.

16 *f.* The rules shall not apply to accident-only,
17 specified disease, short-term hospital or medical,
18 hospital confinement indemnity, credit, dental, vision,
19 long-term care, basic hospital, and medical-surgical
20 expense coverage as defined by the commissioner,
21 disability income insurance coverage, coverage issued
22 as a supplement to liability insurance, workers'
23 compensation or similar insurance, or automobile
24 medical payment insurance.>

25 2. By renumbering as necessary.

FORBES of Polk